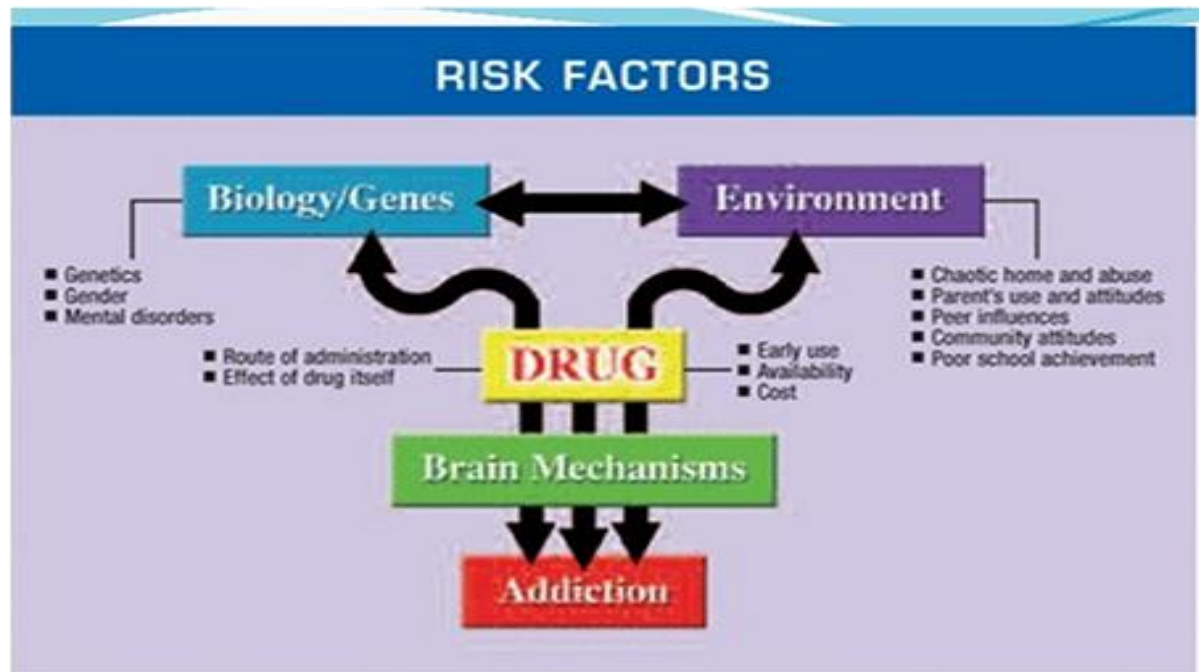


Implementation of the Expanded Substance Use Disorder Benefits

SUBSTANCE ABUSE AND DEPENDENCY IS MECHANISTICALLY COMPLEX



https://www.drugabuse.gov/sites/default/files/images/soa_007_big.gif

Methodology

The subcommittee met several times starting on June 9, 2016 for Implementation of the Expanded Substance Use Disorder Benefit focusing initially on the current delivery of substance abuse treatment, then examined how to fill the needs and gaps in substance and addiction treatment in Los Angeles County.

Substance abuse and addiction is driven by multiple factors, its impact is massive and the costs of untreated substance abuse are unsustainable.

According to a Columbia University study,

"40 million Americans age 12 and over meet the clinical criteria for addiction involving nicotine, alcohol or other drugs."

An estimated additional 80 million people in this country are "[risky substance users](#)," meaning that while not addicted, they "use tobacco, alcohol and other drugs in ways that threaten public health and safety." The costs to government coffers alone (not including family, out of pocket and private insurance costs) exceed \$468 billion annually."

"Only one in 10 people with addiction to alcohol and/or drugs [report receiving any treatment](#) at all. Compare this to the fact that about 70 percent of people with hypertension or diabetes do receive treatment."

<http://www.usnews.com/opinion/blogs/policy-dose/2015/06/01/america-is-neglecting-its-addiction-problem>

An order of Magnitude - Drug Abuse & Addiction is Costly

A major public health problem that impacts society on multiple levels.

Directly or indirectly, every community is affected by drug abuse and addiction, as is every family.

Substance Abuse Costs Our Nation More than \$484 Billion per Year

Compare to other Chronic Conditions:

- ***Diabetes costs society \$131.7 billion annually⁴***
- ***Cancer costs society \$171.6 billion annually⁵***

Many of America's top social problems also relate to or impact drug abuse:

- **Drugged Driving:** The National Highway Traffic Safety Administration estimates that drugs are used by approximately 10 to 22 percent of drivers involved in crashes, often in combination with alcohol.^{[12](#)}
- **Violence:** At least half of the individuals arrested for major crimes including homicide, theft, and assault were under the influence of illicit drugs around the time of their arrest.^{[13](#)}
- **Stress:** Exposure to stress is one of the most powerful triggers of substance abuse in vulnerable individuals and of relapse in former addicts.
- **Child Abuse:** At least two-thirds of patients in drug abuse treatment centers say they were physically or sexually abused as children.^{[14](#)}

<http://archives.drugabuse.gov/about/welcome/aboutdrugabuse/magnitude/>

Los Angeles County

Addiction and Substance Abuse Disorders are:

1. Leading cost of death and disability in LA County
2. Impacting 70% of the population in Los Angeles County who have a loved one who suffers from the disease of addiction (SAPC)
3. Los Angeles County's DUI injuries represent about one quarter of all DUI injuries in the state of California during 2007 to 2011
4. Costing over \$10 billion annually in LA County for Alcohol Abuse
(this dollar amount does not include other forms of addiction)
5. Leading cause of incarceration, in the last four years, per capita prison costs have jumped from \$49,000 to \$64,000 annually

Position Statement

The subcommittee developed a position statement with an emphasis on reducing artificial and bureaucratic limits on treatment that is in accordance with evidence-based practices.

Addiction treatment centers throughout Los Angeles County must be able to assess and directly admit patients immediately, without pre-authorization or gatekeeping.

- <http://www.samhsa.gov/disorders/co-occurring#criminal-justice>
- <http://www.samhsa.gov/disorders/co-occurring#homelessness>
- <http://www.samhsa.gov/disorders/co-occurring#primary-care>
- <http://www.samhsa.gov/disorders/co-occurring#military>

The Sub-committee's position are as follows:

- Planning and budget strategies must reflect addiction treatment as a priority - Substance Abuse Disorders are the leading cause of death and disability in Los Angeles County. Alcohol abuse alone costs Los Angeles County more than ten billion dollars annually (SAPC), while drug abuse is a leading cause of criminal behavior and incarceration. (SAMSHA)
- The County must seek to have the evidence-based practice of Treatment on Demand (TOD) as a goal.
- Use of Harm Reduction strategies (including Tobacco Harm Reduction) must be included in all planning.

- When making referrals for addiction treatment all County employees must use only the best interest of the patient as the basis of referral. (This **must** include referrals to treatment by non-contracted providers, providers outside the County, etc.) Referrals to sober living must only be made to homes that are members of a sober living coalition or who are state certified.
- In budgeting and contracting with providers the County must include funding for addiction treatment providers that allows and requires the hiring of qualified licensed mental health professionals who are familiar with Co-Occurring Disorders.
- When hiring certified addiction counselors the County must hire only counselors who meet national standards of education for addiction counselors.

- Due to the unique requirements of the Code of Federal Regulations, Section 42, part B (CFR 42) all County agencies must provide special training for staff who are **in any way** part of the addiction treatment process and the mental health system. (HIPAA training alone is inadequate)
- Outpatient treatment services must be geographically available and accessible to residents of LAC.
- Treatment services must be culturally and linguistically competent.
- Treatment services must include aftercare and long-term support rather than episodic short term interventions.
- Treatment must be made available for all expressions of the disease of addiction, such as gambling, shopping, sex, etc.

- Funding must be structured so as to allow and require treatment for the entire family. This must include making available certified family intervention counselors who can help the 70% of the population of Los Angeles County who have a loved one who suffers from the disease of addiction and/or mental health challenges who is not in treatment.
- Addiction treatment and mental health services must be provided with full parity with other medical services with the needs of the patient as the priority; no artificial or bureaucratic limits. In accordance with evidence-based practices, addiction treatment centers must be able to assess and directly admit patients without pre-authorization or gatekeeping.

- The Drug Court system and the new diversion programs must be available to all who suffer with the disease of addiction, with treatment in lieu of incarceration as the primary goal. Increased training must be provided for all involved in the criminal justice system. This would be clinically sound and cost-effective for the taxpayers, in that treatment is must less costly than incarceration.
- The County must include all evidence-based smoking cessation modalities, including non-abstinence-based harm reduction strategies supported by current research.
- As smoking is considered a substance use disorder, all tobacco control and smoking prevention & cessation services and resources must fall under Substance Abuse Prevention and Control and not categorized as simply a public health or chronic disease issue. Like other Substance Use Disorder services, treatment must be provided by licensed or certified counselors recognized by the State.

- Families who struggle with addiction are terribly underserved in the current system. This problem must be directly addressed and a mechanism for informing all healthcare providers & citizens of available counseling and resources targeted specifically at:
 - a. Mothers in residential care who have young children
 - b. Children and Concerned Others who must deal with addiction in a loved one.
- Contracted providers must be required to provide treatment for family members.
- The BOS must ensure that County contracts reflect a living wage for licensed and certified staff, and that there is a mechanism for adequate & prompt reimbursements for providers.
- Data and analysis must be provided to ensure cultural diversity and competence in treatment providers.

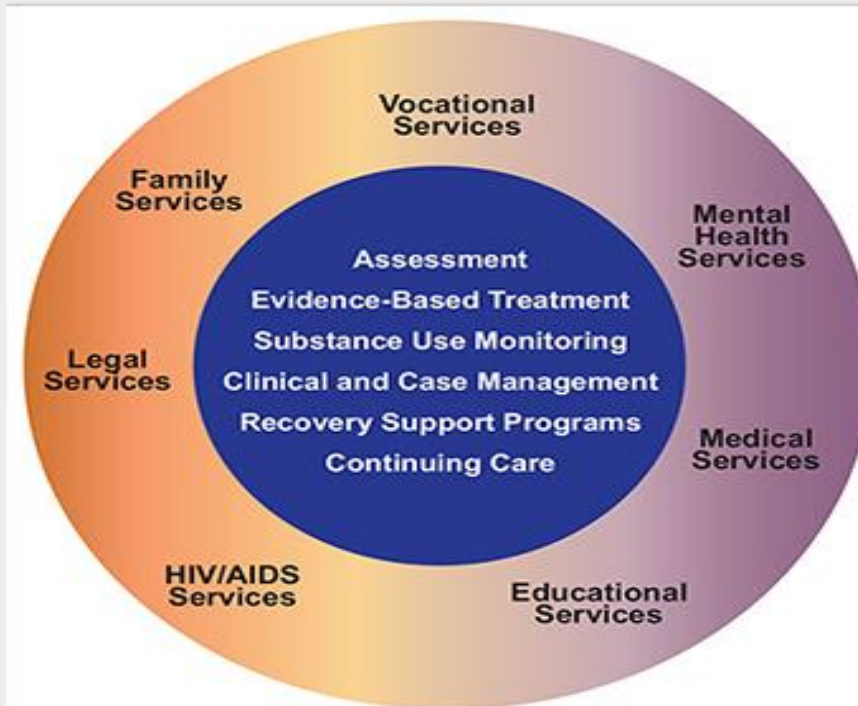
A Critical Note to Remember:

Early Trauma has been shown to be a primary cause of negative health and mental health outcomes in the nation, and has been strongly correlated to homelessness, substance abuse and violent crime.

Centers for Disease Control (CDC), Injury Prevention & Control: Division of Violence Prevention, *ACE Study: Major Findings*, 2014,
<http://www.cdc.gov/violenceprevention/acestudy/findings.html>

What is comprehensive patient centered treatment?

COMPONENTS OF A COMPREHENSIVE DRUG ABUSE TREATMENT



<https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/principles-adolescent-substance-use-disorder-treatment>

<https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/principles-adolescent-substance-use-disorder-treatment>

Trauma at the Root

In the last few decades, what we've learned about mental illness transforms how we can treat and prevent it: we know 50% arises before the age of 14, and 75% before the age of 24—and that abuse and neglect, especially from dysfunctional parent/caregiver relationships in early childhood are particularly pernicious, resulting in altered brain chemistry leading to lifelong medical and mental health problems including depression, addiction, cardio-pulmonary illness, homelessness, and suicide.

We know this maladaptive neurobiology can be 'passed' from generation to generation, from traumatized caregiver--to then traumatized child, and on to subsequent generations.

Mehta, Divya, et al. "Childhood maltreatment is associated with distinct genomic and epigenetic profiles in posttraumatic stress disorder." *Proceedings of the National Academy of Sciences of the United States of America* 110.20 (2013): 8302-8307.

[National Institute for Mental Health, Mental Illness Exacts Heavy Toll, Beginning in Youth](http://www.nimh.nih.gov/news/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml)

<http://www.nimh.nih.gov/news/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml>

Roos, Leslie E. et al. "Relationship Between Adverse Childhood Experiences and Homelessness and the Impact of Axis I and II Disorders." *American Journal of Public Health* 103.Suppl 2 (2013): S275–S281. *PMC*. Web. 3 Aug. 2016.

We also know that communities in which people are living with complex trauma, racial bias and economic hardship face substantially greater challenges.

Mersky JP, Topitzes J, Reynolds AJ., [Impacts of adverse childhood experiences on health, mental health, and substance use in early adulthood: a cohort study of an urban, minority sample in the U.S.](#), Child Abuse Negl. 2013 Nov;37(11):917-25. doi: 10.1016/j.chiabu.2013.07.011. Epub 2013 Aug 24.

Investing in effective treatment produces exponential cost savings

Cost-benefit analyses show that on average,

- \$1 spent on treatment services results in \$7 in benefits of lower addiction-related costs
- \$1 in school-based prevention programs yield \$18 in savings
- Substance abuse treatment services in criminal justice systems have shown considerable reductions in recidivism, crime, and hospitalization.

Investments are critical for L.A. County, untreated substance use disorders cost an estimated \$40 billion annually in lost workforce and wages, medical costs, public services, property damage, motor vehicle accidents, and quality of life. (Pacific Institute for Research and Evaluation, 2012).

Upstream investments in improved and sustainable treatment systems will yield greater downstream benefits and savings, and effective policies and programs are crucial to increase funding support for substance use disorder treatment services.

What must occur for meaningful integration for the end-user?

- Short of pursuing principals of whole-system transformation, current Health Agency integration efforts will not result sufficient outcomes to reduce health disparities among LA County's most vulnerable residents
- Comprehensive data driven planning and clear vision will provide an integration that improves health for Los Angeles County Residents
http://publichealth.lacounty.gov/plan/docs/CHA_CHIP/CommunityHealthAssesmentJune2015Revised.pdf
<http://hiv.lacounty.gov/LinkClick.aspx?fileticket=uKc6ErRIYBM%3d&portalid=22>
- The current process is much like the integration efforts of 1972 which resulted in each Department return to autonomy; a significant fact in why health disparity among the County's most vulnerable residents continue to exist among children, women and African Americans
- The current short-term goals with no link to measurable long-term objectives that address population health concerns will yield little improvement toward reducing health disparities and measuring comprehensive health integration outcomes.

An approach to planning for Cultural & Linguistic Competence in achieving the eight strategic priorities is critical:

TOWARDS A CULTURALLY COMPETENT SYSTEM OF CARE

“Five elements contributing to a system's, institutions, or agency's ability to become more culturally competent:

1. value diversity,
2. cultural self-assessment,
3. consciousness of the dynamics of cultural interaction,
4. institutionalization of cultural knowledge, and
5. development of adaptations to diversity.

Cultural competence must be developed at the policymaking, administrative, practitioner, and consumer levels. Health Integration should focus on developing system capacity of the Health Agency to effectively coordinate traditional direct/care primary care services in a complimentary service delivery system of prevention and early intervention to address and improve population health outcomes.

Terry Cross et al.:

LARGE-SYSTEM TRANSFORMATION IN HEALTH CARE: A REALIST REVIEW

Milbank Q 2012 Sep;90(3):421-56

Allan Best, Trisha Greenhalgh, Steven Lewis, Jessie E Saul, Simon Carroll, Jennifer Bitz

An evidence base that addresses issues of complexity and context is urgently needed for large-system transformation (LST) and health care reform. Fundamental conceptual and methodological challenges also must be addressed.

The Saskatchewan Ministry of Health in Canada requested a six-month synthesis project to guide four major policy development and strategy initiatives focused on patient- and family-centered care, primary health care renewal, quality improvement, and surgical wait lists.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3479379>

LARGE-SYSTEM TRANSFORMATION IN HEALTH CARE: A REALIST REVIEW

Findings:

Five “simple rules” of LST that were likely to enhance the success of the target initiatives:

- (1) Blend designated leadership with distributed leadership
- (2) Establish feedback loops
- (3) Attend to history
- (4) Engage physicians
- (5) Include patients and families

These principles play out differently in different contexts affecting human behavior (and thereby contributing to change) through a wide range of different mechanisms.

Ten Key Principles for Successful Health Systems Integration

[Esther Suter](#), PhD, MSW, [Nelly D. Oelke](#), RN, MN, PhD (Candidate), [Carol E. Adair](#), BA, MSc, PhD, and [Gail D. Armitage](#), BA, MA

1. Comprehensive services across the continuum of care with similarities of goals, vision & mission for all organizations
2. Patient Focus
 1. Justification for integrated delivery systems is to meet patient's needs rather than provider needs
 2. Organizations that fail to place the patient at the center of their integration efforts are unlikely to succeed
 3. Patient focus is reflected by population based needs assessments that drive service planning and information management
 4. Must desire to redesign internal processes to improve patient satisfaction and health outcomes – includes thorough understanding of ways which patients are omitted from and between health and social care providers
 5. Integrated health systems must be easy for patients to access and navigate – must include substantial patient input

3. Geographic Coverage & Rostering
4. Standardized Care Delivery through Inter-professional Teams
5. Performance Management
6. Information Systems – must be designed to facilitate seamless communication between providers
7. Organizational Culture & Leadership requires
 1. Leadership with vision
 2. Organizational culture that is congruent with the vision
8. Physician Integration
9. Governance structure – must promote coordination, be diversified, ensuring representation from a variety of participants and patrons within the healthcare continuum
10. Financial Management - An effective integration process will result in increased costs before providing savings particularly in a climate like Los Angeles County where barriers to care have been long standing

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3004930/table/T1/>

Integration Advisory Board Triple Aim Recommendations:

- ☐ Ensure a strengthened safety-net of service providers delivering care to citizens in vulnerable communities; coordinating contract agencies, information technology and administrative functions into a seamless integrated system of care that demonstrate increased access and cost reduction.
- ☐ Ensure health services are fully integrated, community-based and practitioners are culturally proficient to improve the patient-experience in their transition to primary care health homes.
- ☐ Ensure IAB leadership demonstrate courage to endorse difficult decisions that favor guiding principles and public need in pursuit to eliminate health disparity among Los Angeles County's most vulnerable populations.

The communities that people live in can either encourage – or discourage – healthy behaviors. Neighborhoods promote health when they offer access to safe parks, grocery stores that sell healthy and affordable foods, safe, quality housing, good jobs, quality schools, and health care facilities. Creating communities in Los Angeles County where all people have access to a healthy neighborhood environment is necessary to prevent chronic disease, improve public health, and build a strong future for all County residents.

http://publichealth.lacounty.gov/plan/docs/CHA_CHIP/CommunityHealthAssesmentJune2015Revised.pdf

Respectfully submitted by the Subcommittee on Implementation of the Expanded Substance Use Disorder Benefit

Chair, Reba Stevens, Rep, Commission on Alcohol and other Drug

Fr. Jack Kearney, Commissioner, Commission on Alcohol and other Drug

Bennett Root, Commissioner, Commission on Alcohol and other Drug

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